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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0032

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

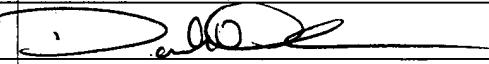
Total Number of Pages in This Submission

| | |
|--|----------------|
| Application Number | 10/621,552 |
| Filing Date | July 17, 2003 |
| First Named Inventor | Bobby Hu |
| Art Unit | 3723 |
| Examiner Name | D. Meislin |
| Total Number of Pages in This Submission | 22 |
| Attorney Docket Number | 2186-00400 DVF |

ENCLOSURES (check all that apply)

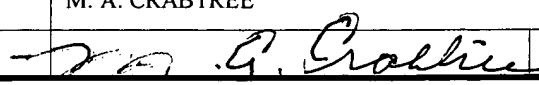
| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (<i>please identify below:</i>) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | <i>4 References</i> |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| | Remarks | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|--------------|---|-----------------|
| Firm | CONLEY ROSE, P. C. | |
| Signature |  | |
| Printed name | DEREK V. FORINASH | |
| Date | December 3, 2004 | Reg. No. 47,231 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | |
|-----------------------|---|------------------|
| Typed or Printed Name | M. A. CRABTREE | |
| Signature |  | Date |
| | | December 3, 2004 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL**For FY 2004**

DEC 06 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** \$ 00.00**METHOD OF PAYMENT (Check all that apply)**

Check Credit Card Money Order Other None

 Deposit Account:

Deposit Account Number: 03-2769

Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account
 Credit any overpayments

FEES CALCULATION**1. BASIC FILING FEE**

| Large Entity | Small Entity |
|--------------|--------------|
|--------------|--------------|

| Fee | Fee | Fee | Fee Description | Fee Paid |
|-----------|-----------|-----|------------------------|----------|
| Code (\$) | Code (\$) | | | |
| 1001 790 | 2001 395 | | Utility filing Fee | \$ |
| 1002 350 | 2002 175 | | Design filing fee | \$ |
| 1003 550 | 2003 275 | | Plant filing fee | \$ |
| 1004 790 | 2004 395 | | Reissue filing fee | \$ |
| 1005 160 | 2005 80 | | Provisional filing fee | \$ |

SUBTOTAL (1) \$00.00**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

| Fee from | | | |
|--------------------|----|--------------|-------------------|
| | | Extra Claims | below |
| Total Claims | 58 | 61** = 0 | x 18.00 = \$00.00 |
| Independent Claims | 8 | 8** = 0 | x 88.00 = \$00.00 |
| Multiple Dependent | | | 300.00 = \$00.00 |

| Large Entity | Small Entity | | |
|--------------|--------------|-----|--|
| Fee | Fee | Fee | Fee Description |
| Code (\$) | Code (\$) | | |
| 1202 18 | 2202 9 | | Claims in excess of 20 |
| 1201 88 | 2201 44 | | Independent Claims in excess of 3 |
| 1203 300 | 2203 150 | | Multiple dependent claim, if not paid |
| 1204 88 | 2204 44 | | ** Reissue independent claims over original patent |
| 1205 18 | 2205 9 | | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) \$00.00

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|---|-----------------------------------|--------|------------------|----------------|
| Name (Print/Type) | DEREK V. FORINASH | Registration No. (Attorney/Agent) | 47,231 | Telephone | (713) 238-8000 |
| Signature |  | | Date | December 3, 2004 | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | |
|-------------|--|---|-------------------------|
| APPLICANT: | BOBBY HU | § | ART UNIT: 3723 |
| SERIAL NO.: | 10/621,552 | § | |
| FILED: | July 17, 2003 | § | EXAMINER: D. Meislin |
| FOR: | Reversible Ratcheting Tool with a Smaller Head and Improved Driving Torque | § | CONFIRMATION NO. 1339 |

AMENDMENT AND RESPONSE TO OFFICE ACTION DATED SEPTEMBER 3, 2004

Atty. Dkt. No.: 2186-00400
Date: December 2, 2004

Mail Stop Amendment
Commissioner For Patents
P. O. Box 1450
Alexandria, VA. 22313-1450

Sir:

In an Office Action dated September 3, 2004, the Examiner rejected claims 1-61.

Reconsideration is respectfully requested.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 16 of this paper.